

NARMC RESERVE AFFAIRS DATA SHEET

ARRIVAL DATE:	YOUR INFORMATION: =>
SOLDIER'S GR/NAME:	=>
AOC/PMOS:	=>
SSN:	=>
UNIT ADDRESS:	Walter Reed Army Medical Center 6900 Georgia Ave NW Washington DC 20307-5001
HOME ADDRESS:	=> =>
HOME PHONE:	=>
WORK PHONE:	=>
CELL PHONE:	=>
EMAIL ADDRESS:	=>
ALTERNATE EMAIL:	=>
SPOUSE NAME: (NOK if single)	=>
SPOUSE or NOK ADDRESS: (if different from your own)	=> =>
EMPLOYER'S ADDRESS:	=> => =>
	Supervisor's Name: =>

I understand that the information provided above will be utilized for official business only and will not be released to any outside agency without my written consent. I further understand that the information requested is necessary for mission accomplishment, but do not wish to provide it.

Printed Name

Signature

Date